

**Brookhaven National Laboratory  
RADIOLOGICAL WORK PERMIT**

RWP # 02-01

Start Date: September 1, 2002

☐ Job Specific

☒ Standing /General

End Date: July 31, 2003

(Shaded areas 1 through 8 to be completed by requestor/initiator)

Revised End Date:

|   |  |   |   |
|---|--|---|---|
| 1. Initiator: Raymond Karol   | 2. Life #: 15065   | 3. Phone: 5272  | 4. Bldg: 911  |
| 5. Job Location(s): Posted Radiation Areas at the Collider-Accelerator Department <b>See SI(1)</b>  |  |   |   |
| 6. Job Description (Attach sheets as needed): <b><i>Routine Entry for Inspections, Data Collection, Tours, or Routine Work Activities Performed by a System Specialist.</i></b>   |  |   |   |
| 6a. Work Begins: 09-01-02   |  | 6b. Work Ends: 07-31-03   |   |
| 7. Historical/Other Concerns: N/A   |  |   |   |
| 8. Signature of Initiator:<br><b>Ray Karol 07-31-02                      Signature on File</b>  |  |   |   |
| 9. Conditions that will void RWP: None  |  |   |   |
| 10. Job Review:<br><br><input checked="" type="checkbox"/> Pre-Job Review<br><br><input checked="" type="checkbox"/> Pre-Job Briefing<br><br><b>Work Control Coordinator to Consult with Building Manager and /or Supervisor when Assigning Tasks</b>   | 11. Estimated Dose:<br><br>Highest Individual: <u>20</u> mRem<br><input checked="" type="checkbox"/> Per Entry<br><br>Collective: <u>200</u> mRem<br><input checked="" type="checkbox"/> Per Job<br><br><p style="text-align: center;"><b>See SI (2)</b></p> | 12. Attachments:<br><br><input checked="" type="checkbox"/> Radiological Survey Form<br><br><input checked="" type="checkbox"/> Other: <u>Pre-Job Review</u><br><u>C-A OPM-ATT 9.5.4a</u> | 13. Training Requirements:<br><br><input checked="" type="checkbox"/> Radiation Worker I (RWT 002)<br><br><input checked="" type="checkbox"/> C-A Facility Specific Training, (Access, Fixed Target, or Collider Users) in addition to Radiation Worker I.<br><br><input checked="" type="checkbox"/> Other: Entry into U-Line requires C-A Access or C-A Fixed Target Training in addition to Radiation Worker I.<br><br><p style="text-align: center;"><b>See SI(3)</b></p> |
| 14. Work Controls:<br><br><input checked="" type="checkbox"/> Hold Points <b>See SI (4)</b><br><br><input checked="" type="checkbox"/> Limiting Conditions <b>See SI (5)</b><br><br><input checked="" type="checkbox"/> Other: <b>See SI (6)</b>  | 15. Protective Equipment:<br><br><input checked="" type="checkbox"/> Not Applicable  | 16. Dosimetry:<br><br><input checked="" type="checkbox"/> TLD   | 17. Check Out Instructions:<br><br><p style="text-align: center;"><b>Many Locations<br/>Require Activation<br/>Checks Prior to<br/>Removing Items from<br/>Area. Read and Follow<br/>All Postings.</b></p>  |
| 18. Special Instructions (SI): (Including Facility Specific Training)<br>(1) Refer to C-A OPM-ATT 9.5.4a for a listing of permanent Radiation Areas. Due to the transient nature of many Radiation Areas at C-A there will be some that may not be listed on this attachment but may be covered under this RWP. <b><u>Read and follow all postings.</u></b><br>(2) No single entry shall result in more than 20 mR. Multiple entries shall not result in more than 20 mR per person per job. If pre-job dose estimates exceed 20 mR per person or 200 mR collective a Job-Specific RWP is required.<br>(3) Visitors may be escorted by a trained and authorized C-A escort in accordance with C-A OPM 2.16.<br>(4) Consult with Facility Support Staff prior to starting any job in the U-line Neutrino Blockhouse.<br>(5) This RWP is not for work in Radiation Fields > 100 mR hr <sup>-1</sup> , Handling or exposure to tritiated water, Unapproved alterations of radiation barriers, or for work with the potential to disperse or generate radioactive contamination such as Cutting, Grinding, and Drilling.<br>(6) Review appropriate radiological survey prior to commencing work. The sign-in log for this RWP is located in the 911A Training Office, and the Health Physics Field Office after normal working hours. |  |   |   |
| 19. Signatures Approvals:   |  | Department  | Life Number   |
| Facility Support Representative or Designee:<br><b>Charles Schaefer                      Signature on File</b>  |  | <b>RCD</b>  | <b>21150</b>  |
| Other (Department Specific):<br><b>Edward T. Lessard                      Signature on File</b>   |  | <b>C-A</b>  | <b>14255</b>  |
| 20. Close-Out Signature (FS Representative):  |  |   |   |